

**Subject: Cholecystectomy**

**Background:** Cholecystectomy is the surgical removal of the gallbladder, generally in response to gallstones causing pain or infection. It can be performed laparoscopically or as an open procedure. Some indications for laparoscopic and open cholecystectomy include gallbladder polyps, symptomatic and acalculous cholelithiasis, porcelain gallbladder, and asymptomatic cholelithiasis in patients who are at increased risk for gallbladder carcinoma or gallstone complications.

**Authorization:** Prior authorization is required for all cholecystectomy procedures provided to members enrolled in Harvard Pilgrim Health Care (HPHC) Commercial HMO, POS, or PPO, and Marketplace/Exchange HMO and PPO products.

Urgent/emergent cholecystectomy procedures (i.e., services provided immediately following an ER visit) may be reviewed retrospectively to evaluate medical necessity and clinical appropriateness of the urgent/emergent procedure.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at [www.harvardpilgrim.org/providerportal](http://www.harvardpilgrim.org/providerportal). In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation —via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs— HPHConnect Clinical Upload function, email ([utilization\\_requests@harvardpilgrim.org](mailto:utilization_requests@harvardpilgrim.org)), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions here.) Members may access these materials by logging into their online account (visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org), click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

**Policy and Coverage Criteria:**

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following InterQual® criteria:

- Cholecystectomy, Laparoscopic (2021)
- Cholecystectomy, Laparoscopic, Cholangiogram Intraoperative with Laparoscopic Cholecystectomy (2021)

**Coding:**

**Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.**

CPT® Codes	Description
47562	Laparoscopy, surgical; cholecystectomy

<b>47563</b>	Laparoscopic cholecystectomy with cholangiography
<b>47564</b>	Laparoscopy, surgical; cholecystectomy with exploration of common duct

### Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

### Summary of Changes

Date	Change
<b>8/21</b>	Coding and InterQual criteria adopted for integration purposes with Tufts Health Plan (THP)
<b>4/21</b>	Annual review; coding updated
<b>2/20</b>	InterQual® criteria adopted
<b>4/19</b>	Annual review; no changes
<b>7/18</b>	Annual review, Minor language and formatting changes. Addition of Biliary Hyperkinesia.
<b>7/17</b>	Added supporting information, updated gallbladder polyp criteria, adjusted format
<b>2/16</b>	Simplify Policy statement, clarify description of Murphy's sign, update Gallstone Pancreatitis criteria (list of planned procedures).

**Approved by Medical Policy Committee: 8/17/21**

**Approved by Clinical Policy Operational Committee: 1/15, 2/16, 7/17, 7/18, 4/19; 3/20; 6/21; 9/21**

**Policy Effective Date: 12/1/21**

**Initiated: 7/1/15**